TLC Trial Form VISIT1A.04 Repeat Eligibility Lab Work Pre-Randomization Visit 1A

Center ID:	
Screening ID:	S
Visit Code:	V1
Date of Visit V1A	//

INSTRUCTIONS:

This form is to be filled out at Pre-Randomization Visit V1A, for local lab tests repeated because of abnormality at Pre-Randomization Visit 1. Do not repeat any lab tests which were normal at Pre-Randomization Visit 1.

-OCA	AL LABORATORY TESTS				
	Hemoglobin	() ₀ Done	•_		
	Platelet count	() ₀ Done		_ K	
	Absolute neutrophil count	(), Done	,		
	Alkaline phosphatase	() ₀ Done		_	
	AST	() ₀ Done			
	ALT	() ₀ Done			
REVII	EW OF LABORATORY RE	SULTS			
	Is the hemoglobin less than 10.0?	() ₀ No	(), Yes	() ₂ Not applicable	
	Is the platelet count less than 150,000)/mm³?			
		() ₀ No	(), Yes	() ₂ Not applicable	
	Is the absolute neutrophil count less	than 800/mm ₃ ?			
		() ₀ No	(), Yes	() ₂ Not applicable	
).	Is the alkaline phosphatase greater than twice the upper limit of normal for your lab?				
		() ₀ No	(), Yes	() ₂ Not applicable	
1.	Is the AST greater than twice the upper limit of normal for your lab?				
		() ₀ No	(), Yes	() ₂ Not applicable	
2.	Is the ALT greater than twice the upper limit of normal for your lab?				
		() ₀ No	() ₁ Yes	() ₂ Not applicable	

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ADMINISTRATIVE MATTERS									
13.	Date form completed	/	mm/dd/yy						
14.	TLC staff	Signature		TLC Code					
15.	Eligibility status	(), Eligible	() ₂ Not eligible, specify						

COMMENTS